

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 635521	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54	1					
5		1					55		1				
6	1						56		1				
7		1					57		1				
8		2					58		1				
9		2					59		1				
10	1						60		1				
11		1					61		1				
12		1					62		1				
13	1						63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18	1						68		1				
19		1					69		1				
20		2					70						
21		2					71						
22	1						72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.		1					TOTAL IND.		1				
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						